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FORM PTO-1449 (modified) To: U.S. Patent and Trademark Office Information Disclosure Statement by Applicant				<b>Applicant:</b> STIVANI					
				<b>Appln. S.N.:</b> 10/516,892					
				<b>Filing Date:</b> December 3, 2004					
<b>Date:</b> March 5, 2008 <b>Atty. Dkt:</b> 2545-0461 <b>Page 1 of 1</b>		<b>Examiner:</b> TRUONG, Thanh K.							
		<b>Art Unit:</b> 3721							
<b>U.S. PATENT/PATENT APPLICATION DOCUMENTS</b>									
Examiner Initials		Document Number	Date mm/yyyy	Family Name of First Inventor	Class	Sub Class	Filing Date (if appropriate)		
/T.T./	AR	2,358,246	09/1944	NICOLLE					
/T.T./	BR	2,263,835	11/1941	ATKINSON					
/T.T./	CR	5,356,068	10/1994	MORENO					
/T.T./	DR	6,110,092	08/2000	FOCKE					
	ER								
	EP								
	GR								
	HR								
	IR								
	JR								
	KR								
	LR								
	MR								
	NR								
<b>FOREIGN PATENT DOCUMENTS</b>						<b>English Abstract</b>	<b>Translation Available?</b>		
		Document Number	Date mm/yyyy	Country	Inventor/Applicant Name	Yes/ Cited Herein	No	Yes/ Cited Herein	No
/T.T./	OR	DE 40 13 918 C2	11/1991	Germany	SCHISCHKO	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	PR	DE 198 00 509 A1	07/1999	Germany	BARTHEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	QR	DE 41 09 605 A1	09/1992	Germany	BARKHORN	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	RR	WO 97/24273	07/1997	PCT	DAELMANS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	SR	DE 39 17 048 A1	11/1990	Germany	MORENO	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	TR	DE 40 37 269 A1	05/1992	Germany	GOSS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	UR	EP 0 490 822 A1	06/1992	EPO	WIPF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	VR	DE 195 41 541 A1	05/1997	Germany	FOCKE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
/T.T./	WR	EP 0 490 822 B1	06/1992	EPO	WIPF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	XR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>OTHER (Including in this order Author, Title, Periodical Name, Pertinent Pages, etc.)</b>									
	YR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ZR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	AAR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	BBR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Examiner: /Thanh Truong/				Date Considered: 05/30/2008					

\*EXAMINER: Initial if citation considered, whether or not citation is in conformance with MPEP § 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to Applicant.